


PLUMBING PERMIT APPLICATION

P 02- _____

Department of Planning & Community Development
Division of Building Construction Services
400 Granby Street Norfolk, Virginia (757) 664-6565

Project Address _____ Unit _____ Application Date _____

Applicant: ☐ Owner ☐ Contractor ☐ Agent ☐ Design Professional

<input type="checkbox"/> Property Owner <input type="checkbox"/> Tenant Name _____ Address _____ City/State/Zip _____ Phone # _____ Fax # _____ E-mail Address _____	Applicant's Name _____ Phone # _____ Company Name _____ Phone # _____ Contractor State License # _____ Class <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C Contractor's Business Address _____ E-Mail Address _____ Other contact information _____
---	---

Work to be performed on:

Type of work:

- ☐ Residential
☐ Commercial
☐ Multi-Fam.

- ☐ New Structure ☐ Repair/Alt
☐ Addition ☐ Other
 Project Cost \$ _____

I agree to do the above work in conformity with the ordinances & regulations of the City of Norfolk and the Uniform Statewide Bldg. Code.

Print name _____ Signature _____ Date _____

Remarks _____

QUANTITY & TYPE FIXTURES

_____ Water Closet	_____ Laundry Tub	_____ Washing Machine	_____ Roof Drain	_____ Bldg/Wtr Dst Pipe	_____ Sewer Cap
_____ Bath Tub	_____ Service Sink	_____ Dishwasher	_____ Open Sight Drain	_____ Gas Water Heater	_____ Backflow Non-testable
_____ Shower	_____ Urinal	_____ Disposal	_____ Intercepting Trap	_____ Elec Water Heater	_____ Backflow Testable
_____ Lavatory	_____ Ice Maker	_____ Drinking Fountain	_____ Unlisted Fixture	_____ Pool Heater	
_____ Sink	_____ Bar Sink	_____ Floor Drain	_____ Drainage/Waste/Vent/Bldg	_____ Man Hole	_____ # gas lines _____ # outlets
_____ Water Service Line	_____ Length	_____ Size	_____ Material		
_____ Sanitary Sewer	_____ Length	_____ Size	_____ Material	_____ Cleanouts	_____ Manholes
_____ Storm Sewer	_____ Length	_____ Size	_____ Material	_____ Area Drains	_____ Manholes

Office Use Only

Remarks _____

Approved by _____ Date _____

Admin Fee \$ _____ Permit Fee \$ _____

Cash _____ Check # _____

Cashier _____